COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD FOR REPAIRING OPAQUE DEFECTS ON SEMICONDUCTOR MASK RETICLES the specification of which:

[X]	is attached hereto.			
[]	was filed onand was amended on		plication Serial No (If applicable.)	
_	that I have reviewed and unincluding the claims, as amo			
_	e the duty to disclose inform accordance with 37 C.F.R.		s material to the patentabili	ty of this
patent or inver application for	foreign priority benefits un ntor's certificate listed below patent or inventor's certific rity is claimed:	v and have als	o identified below any fore	eign
Country	<u>Number</u>	Date <u>Filed</u>	Priority <u>Claimed ?</u>	

ATTORNEY DOCKET NO. N1085-00231 [TSMC2003-0532]

EXPRESS MAIL LABEL NO. EV 154828212 US

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application listed below:

Application

Filed

N/A

I hereby appoint the following attorneys, of the law firm DUANE MORRIS LLP, One Liberty Place, Philadelphia, PA 19103-7396, Customer No. 08933, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

•	
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I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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